

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) <i>[Signature]</i> B. Date of Delivery <i>9/15/05</i></p>	
<p>1. Article Addressed to:</p> <p><i>Richard D. Sletten Clerk MDL</i> <i>Clerk of Court, USDC</i> <i>District of Minnesota</i> <i>300 S. Fourth St.</i> <i>Minneapolis, MN Room 200</i> <i>55415</i></p>		<p>C. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Copy from service label) <i>55415</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7005 1820 0002 3461 5183</p>			
PS Form 3811, July 1999		Domestic Return Receipt 102595-00-M-0952	